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CONFIRMATION NO. 7064

Bib Data Sheet

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| SERIAL NUMBER 08/852,495 | FILING OR 371(c) DATE 05/07/1997 RULE | CLASS 536 | GROUP ART UNIT 1634 | ATTORNEY DOCKET NO. 8907-057-999 | |
| APPLICANTS DAVID A. RUDDY, SAN FRANCISCO, CA; ROGER K. WOLFF, MILL VALLEY, CA; | | | | | |
| ** CONTINUING DATA ***** This application is a CIP of 08/724,394 10/01/1996 PAT 5,872,237 which is a CIP of 08/630,912 04/04/1996 ABN and is a CIP of 08/652,265 05/23/1996 PAT 6,025,130 | | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 09/16/1997 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u> | | STATE OR COUNTRY CA | SHEETS DRAWING 147 | TOTAL CLAIMS 28 | INDEPENDENT CLAIMS 6 |
| ADDRESS 20583 | | | | | |
| TITLE POLYMORPHISMS IN THE REGION OF THE HUMAN HEMOCHROMATOSIS GENE | | | | | |
| FILING FEE RECEIVED 3714 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |